		FOR OHF USE					

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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0005611

Facility Name: River Bluff Nursing Home

Address: 4401 North Main Street (Number) Rockford, (City) 61103 (Zip Code)

County: Winnebago

Telephone Number: (815) 877-8061 **Fax #** (815) 877-1069

IDPA ID Number: 36-600681002

Date of Initial License for Current Owners: 1971

Type of Ownership:

	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership	XX	County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Phyllis L. Schwebke **Telephone Number:** (815) 877-8061

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 10/1/03 to 9/30/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) Phyllis Schwebke
(Title) Administrator

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) Stephanie Riesterer, Manager
(Firm Name & Address) BDO Seidman, LLP, 330 E Kilbourn Ave. Suite 950 Milwaukee, WI 53202
(Telephone) (414) 615-6760 Fax # (414) 272-1090

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	304	Skilled (SNF)	304	111,264	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	304	TOTALS	304	111,264	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	4,620	364	2,078	7,062	8
9	SNF/PED					9
10	ICF	81,220	3,857	585	85,662	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	85,840	4,221	2,663	92,724	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.34%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 6/1/1971

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 76 and days of care provided 1,886

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	652,522	39,304	32,848	724,674		724,674	(14,398)	710,276			1
2	Food Purchase		529,036		529,036		529,036		529,036			2
3	Housekeeping	241,376	168,383	1,148	410,907		410,907		410,907			3
4	Laundry	255,100	47,186	314	302,600		302,600		302,600			4
5	Heat and Other Utilities			416,490	416,490		416,490		416,490			5
6	Maintenance	271,369	47,952	192,877	512,199		512,199		512,199			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,420,367	831,861	643,677	2,895,905		2,895,905	(14,398)	2,881,507			8
	B. Health Care and Programs											
9	Medical Director			16,200	16,200		16,200		16,200			9
10	Nursing and Medical Records	5,034,672	359,181	367,248	5,761,101	(25,517)	5,735,584	34,828	5,770,412			10
10a	Therapy											10a
11	Activities	165,072	3,383	6,279	174,734		174,734		174,734			11
12	Social Services	130,347	1,400	2,521	134,268		134,268		134,268			12
13	Nurse Aide Training			1,095	1,095		1,095		1,095			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	5,330,091	363,963	393,343	6,087,397	(25,517)	6,061,880	34,828	6,096,708			16
	C. General Administration											
17	Administrative	127,883			127,883	(166,896)	(39,013)		(39,013)			17
18	Directors Fees											18
19	Professional Services											19
20	Dues, Fees, Subscriptions & Promotions			2,849	2,849		2,849		2,849			20
21	Clerical & General Office Expenses	261,051	19,428	368,340	648,819		648,819		648,819			21
22	Employee Benefits & Payroll Taxes			1,430,636	1,430,636		1,430,636		1,430,636			22
23	Inservice Training & Education											23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice											26
27	Other (specify):*											27
28	**TOTAL General Administration**	388,934	19,428	1,801,825	2,210,187	(166,896)	2,043,291		2,043,291			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	7,139,392	1,215,253	2,838,845	11,193,489	(192,413)	11,001,076	20,430	11,021,506			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number River Bluff Nursing Home #0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			325,789	325,789		325,789		325,789			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			325,789	325,789		325,789		325,789			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					166,896	166,896		166,896			42
43	Other (specify):* **Excep Care**					25,517	25,517		25,517			43
44	**TOTAL Special Cost Centers**					192,413	192,413		192,413			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	7,139,392	1,215,253	3,164,634	11,519,279		11,519,279	20,430	11,539,709			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(14,398)	V27		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (14,398)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*	34,828	V10	32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 34,828		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 20,430		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program			25,517	V10	44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$ 25,517		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

River Bluff Nursing Home

ID# **0005611**

Report Period Beginning: **10/1/03**

Ending: **9/30/04**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number River Bluff Nursing Home # 0005611 **Report Period Beginning:** 10/1/03 **Ending:** 9/30/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	0	0	0	0	0	0	0	0	0	0	0	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	0	0	0	0	0	0	0	0	0	0	0	0	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number River Bluff Nursing Home # 0005611 **Report Period Beginning:** 10/1/03 **Ending:** 9/30/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	0	0	0	0	0	0	0	0	0	0	0	0	45

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
WINNEBAGO COUNTY	100	NA				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		Data Processing	$ 1,851	Winnebago County	100.00%	$ 1,851	$	1
2	V		IMRF	270,624	Winnebago County	100.00%	270,624		2
3	V		FICA	535,155	Winnebago County	100.00%	535,155		3
4	V		Worker's Compensation	174,175	Winnebago County	100.00%	174,175		4
5	V		Unemployment	22,715	Winnebago County	100.00%	22,715		5
6	V		Liability Insurance	46,816	Winnebago County	100.00%	46,816		6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,051,336			$ 1,051,336	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: County of Winnebago
Street Address: 404 Elm Street Room 201
City / State / Zip Code: Rockford, IL 61101
Phone Number: (815) 987-2500
Fax Number: (815) 987-5450

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27-3	County Auditor	Operating Expenses	91,137,172	11	$ 421,125	$ 408,287	10,961,173	$ 50,649	1
2	27-3	County Board	Operating Expenses	91,137,172	11	485,227	466,920	10,961,173	58,359	2
3	27-3	County Treasurer	Operating Expenses	91,137,172	11	472,537	368,188	10,961,173	56,833	3
4	27-3	Human Resources	Operating Expenses	91,137,172	11	159,690	142,603	10,961,173	19,206	4
5	27-3	Purchasing	Operating Expenses	91,137,172	11	130,708	122,508	10,961,173	15,720	5
6	27-3	States Attorney-Civil	Operating Expenses	91,137,172	11	479,415	479,415	10,961,173	57,660	6
7	27-3	States Attorney-Logli	Operating Expenses	91,137,172	11	157,700	157,700	10,961,173	18,967	7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,306,402	$ 2,145,621		$ 277,394	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **Line #** _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

SEE ACCOUNTANTS' COMPILATION REPORT

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report.	***Important***, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ N/A	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	1999	8
	2000	9
	2001	10
	2002	11
	2003	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME River Bluff Nursing Home COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0005611

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 145,000 B. General Construction Type: Exterior Brick Frame Non-Combustible Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building Site	3,277,019	1971	$ 5,830	1
2					2
3	TOTALS	3,277,019		$ 5,830	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	304		1971	1971	$ 4,453,960	$ 134,633	40	$ 134,633	$	$ 4,138,533	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvements 2000			1973	16,186						9
10	R&R Cabinets - 6,227			1974	3,221						10
11	Reroute electricity to standby - 6020			1975	16,713						11
12	R&R Concrete slab - 2,395			1976	5,790						12
13	R&R humidifiers - 80,200			1977	18,218						13
14	Total = 94,842			1978	15,081						14
15				1979	22,567						15
16	Building Improvements 2001			1980	4,512						16
17	R&R Humidifiers - 19,838			1981	22,093						17
18	Engineer drawings for chiller - 24,924			1982	975						18
19	Land improvements-2001			1983	17,590	1,780	40	1,780		40,266	19
20	Pave parking lot - 68394			1984	3,882						20
21	Machinery and Equipment			1985							21
22	Disposal - 2870			1986	269,023						22
23	Cabinets - 3670			1987	143,116						23
24	Dishwasher -4355			1988	7,854						24
25	Tractor - 14922			1989	4,560	1,830	40	1,830		32,940	25
26	Pump - 1179			1990	4,833						26
27	Ice Maker - 6106			1991	24,310	607	40	607		8,498	27
28				1992	27,382	685	40	685		8,905	28
29	Building Improvements 2002			1993	83,848	8	40	8		96	29
30	R&R Air Conditioner - 360498			1994	55,271	859	40	859		9,449	30
31	Vent Oxygen storage rooms - 19500			1995	71,170	2,626	40	2,626		26,260	31
32	Machinery and equipment disposal - 1431			1996	27,811	1,270	40	1,270		10,795	32
33	Nursing home software - 27485			1997	117,237	2,931	40	2,931		23,448	33
34	Nursing home hardware - 13540			1998	14,879	372	40	372		2,604	34
35	Total = 379995			1999	42,536	4,366	40	4,366		26,196	35
36				2000	94,842	3,434	40	3,434		17,170	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Land Improvements 2004	2001	$ 113,136	$ 5,657	20	$ 5,657	$	$ 19,799	37
38		2002	379,998	19,000	20	19,000		47,500	38
39	Blacktop-$79,676.25	2003	300,474	7,512	20	7,512		15,024	39
40	Building Improvements	2004	1,617,574	40,439	20	40,439		40,439	40
41	Remodel Project-$132,805								41
42	Replace Roof-$1,405,093			(3,006)			3,006		42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 8,000,642	$ 225,003		$ 228,009	$ 3,006	$ 4,467,922	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,092,997	$ 85,521	$ 85,521	$		$ 794,210	71
72	Current Year Purchases	72,413	3,621	3,621			3,621	72
73	Fully Depreciated Assets							73
74	Adj to General Ledger		5,488		(5,488)			74
75	TOTALS	$ 1,165,410	$ 94,630	$ 89,142	$ (5,488)		$ 797,831	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Outings	Superior Bus	1990	$ 33,875	$	$	$		$ 33,875	76
77	County Courier	Ford Taurus Wagon	2000	16,079					16,079	77
78	Lawn & Sidewalk	John Deere Tractor	2001	14,922	3,731	3,731			8,705	78
79	Plowing and Maintenance	Truck	2003	24,245	2,425	2,425			3,637	79
80	TOTALS			$ 89,121	$ 6,156	$ 6,156	$		$ 62,296	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 9,261,003	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 325,789	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 323,307	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (2,482)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,328,049	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$ 346,300	92
93			93
94			94
95		$ 346,300	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [X]
- HOURS PER AIDE 90

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [X]
- HOURS PER AIDE 30

B. EXPENSES

ALLOCATION OF COSTS (d)

			1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition		$	$ 1,005	$	$ 1,005
2	Books and Supplies			182		182
3	Classroom Wages	(a)		2,610		2,610
4	Clinical Wages	(b)		653		653
5	In-House Trainer Wages	(c)				
6	Transportation					
7	Contractual Payments					
8	Nurse Aide Competency Tests			150		150
9	TOTALS		$	$ 4,600	$	$ 4,600
10	SUM OF line 9, col. 1 and 2	(e)	$ 4,600			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	3
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	3

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program			20,172		361	4,984		25,517	12
13	Other (specify):									13
14	TOTAL			$ 20,172		$ 361	$ 4,984		$ 25,517	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 **Report Period Beginning:** 10/1/03 **Ending:** 9/30/04

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 9/30/04 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,420	$	1
2	Cash-Patient Deposits	38,525		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,960,081		3
4	Supply Inventory (priced at)	138,240		4
5	Short-Term Investments	2,262,213		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Common Cash	2,228,273		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,629,752	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	5,830		13
14	Buildings, at Historical Cost	7,917,345		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,254,531		16
17	Accumulated Depreciation (book methods)	(5,331,696)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Construction in Progress	346,300		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,192,310	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,822,062	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 362,400	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	38,525		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	366,325		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation	278,146		34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to River Bluff Operations Fund	36,277		36
37	Due to State Agencies	41,952		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,123,625	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,123,625	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 9,698,437	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 10,822,062	$	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 7,987,776	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 7,987,776	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,717,774	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **Adjustment to Fund Balance**	(7,113)	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,710,661	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 9,698,437	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,565,049	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,565,049	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	14,398	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 14,398	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,705	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 2,705	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Transfer from other funds	2,590,000	28
28a	Other Revenue	64,900	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 2,654,900	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 13,237,053	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,881,507	31
32	Health Care	6,096,708	32
33	General Administration	2,043,291	33
	B. Capital Expense		
34	Ownership	325,789	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,347,296	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,889,757	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,889,757	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** **SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,828	2,056	$ 63,099	$ 30.69	1
2	Assistant Director of Nursing					2
3	Registered Nurses	38,275	43,346	1,230,112	28.38	3
4	Licensed Practical Nurses	50,530	56,110	1,211,482	21.59	4
5	Nurse Aides & Orderlies	187,314	212,578	2,225,350	10.47	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,872	2,064	23,117	11.20	9
10	Activity Assistants	13,212	15,790	141,955	8.99	10
11	Social Service Workers	9,995	12,111	130,347	10.76	11
12	Dietician					12
13	Food Service Supervisor	9,431	10,905	114,119	10.46	13
14	Head Cook	10,575	12,646	122,212	9.66	14
15	Cook Helpers/Assistants					15
16	Dishwashers	43,035	47,184	416,191	8.82	16
17	Maintenance Workers	19,869	23,034	271,369	11.78	17
18	Housekeepers	23,594	27,697	241,376	8.71	18
19	Laundry	22,945	26,230	255,100	9.73	19
20	Administrator	1,844	2,136	73,279	34.31	20
21	Assistant Administrator	1,832	2,128	54,604	25.66	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,841	21,639	261,051	12.06	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	7,295	9,066	99,895	11.02	31
32	Other Health C: Unit Attendants	20,998	24,560	204,734	8.34	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	482,285	551,280	$ 7,139,392 *	$ 12.95	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 29,081	1-3	35
36	Medical Director		16,200	9-3	36
37	Medical Records Consultant		65	21-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,000	10-3	39
40	Physical Therapy Consultant		2,424	10-3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant		1,045	10-3	42
43	Speech Therapy Consultant				43
44	Activity Consultant		1,650	11-3	44
45	Social Service Consultant		1,339	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 54,804		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides	4,396	103,196	10-3	52
53	TOTAL (lines 50 - 52)	4,396	$ 103,196		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Phyllis Schwebke	Administrator	0	$ 73,279
David Conklin	Ast Administrator	0	54,604
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 127,883

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
		$
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 174,175
Unemployment Compensation Insurance	22,715
FICA Taxes	539,222
Employee Health Insurance	1,423,356
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	see pg 6
Life Insurance	7,280
TOTAL (agree to Schedule V, line 22, col.8)	$ 2,166,748

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Dues & Memberships	2,849
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 2,849

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number River Bluff Nursing Home # 0005611 Report Period Beginning: 10/1/03 Ending: 9/30/04

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number River Bluff Nursing Home # 0005611 **Report Period Beginning:** 10/1/03 **Ending:** 9/30/04

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? YES

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. County Nursing Home Association #2560

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? N/A

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? N/A

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5 YEARS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ Line

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. N/A

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 166,896
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 0 Has any meal income been offset against related costs? YES Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. $ 0
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? NO
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? NO
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $ N/A

(17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: BDO SEIDMAN, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. Audit is in progress

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? NO

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	Amount	Coding
0401-4-23-720-00-41120	TEMPORARY SALARIES	4,043.85	11
0401-4-23-720-00-41130	OVERTIME	626.55	11
0401-4-23-720-20-41110	REGULAR SALARIES	128,615.06	11
0401-4-23-720-20-41120	TEMPORARY SALARIES	-	11
0401-4-23-720-20-41130	OVERTIME	13,720.73	11
0401-4-23-720-21-41110	REGULAR SALARIES	109,045.80	11
0401-4-23-720-21-41130	OVERTIME	10,242.71	11
0401-4-23-720-23-41110	REGULAR SALARIES	245,655.52	11
0401-4-23-720-23-41120	TEMPORARY SALARIES	106,642.20	11
0401-4-23-720-23-41130	OVERTIME	59,033.01	11
		677,625.43	11 Total
0401-4-23-720-00-42110	SUPPLIES	1,028.43	12
0401-4-23-720-00-42230	CLEANING SUPPLIES	29,254.85	12
0401-4-23-720-21-42270	CLOTHING	1,200.00	12
0401-4-23-720-23-42270	CLOTHING	3,400.00	12
0401-4-23-720-00-42210	DATA PROCESSING SUP	21.04	12
0401-4-23-720-00-42270	CLOTHING	4,400.00	12
		39,304.32	12 Total
0401-4-23-720-00-43120	CONSULTING	29,080.82	13
0401-4-23-720-00-43150	MEDICAL & DENTAL CO	1,173.10	13
0401-4-23-720-00-43160	DATA PROCESSING CON	1,080.00	13
0401-4-23-720-00-43190	OTHER PROFESSIONAL	-	13
0401-4-23-720-00-43310	TRAVEL	-	13
0401-4-23-720-00-43420	ADVERTISING	-	13
0401-4-23-720-00-43710	BUILDING REPAIRS &	275.25	13
0401-4-23-720-00-43730	EQUIPMENT REPAIRS &	600.75	13
0401-4-23-720-00-43830	OFFICE EQUIPMENT RE	120.89	13
0401-4-23-720-00-43942	INSTRUCTION & SCHOO	517.00	13
		32,847.81	13 Total
0401-4-23-720-00-42250	FOOD & BEVERAGE	529,036.04	22
		529,036.04	22 Total
0401-4-23-730-00-41110	REGULAR SALARIES	164,370.68	31
0401-4-23-730-00-41120	TEMPORARY SALARIES	47,687.47	31
0401-4-23-730-00-41130	OVERTIME	15,495.41	31
		227,553.56	31 Total
0401-4-23-720-00-42290	OTHER DEPARTMENTAL	48,463.35	32
0401-4-23-730-00-42230	CLEANING SUPPLIES	45,657.39	32
0401-4-23-730-00-42270	CLOTHING	4,271.76	32
0401-4-23-730-00-42290	OTHER DEPARTMENTAL	3,554.35	32
0401-4-23-730-00-42291	LINEN & BEDDING	66,436.39	32
		168,383.24	32 Total
0401-4-23-730-00-43150	MEDICAL & DENTAL CO	180.00	33
0401-4-23-730-00-43310	TRAVEL	-	33
0401-4-23-730-00-43710	BUILDING REPAIRS &	967.64	33
0401-4-23-730-00-43942	INSTRUCTION & SCHOO	-	33
		1,147.64	33 Total
0401-4-23-735-00-41110	REGULAR SALARIES	185,021.41	41
0401-4-23-735-00-41120	TEMPORARY SALARIES	56,714.01	41
0401-4-23-735-00-41130	OVERTIME	10,911.66	41
		252,647.08	41 Total
0401-4-23-735-00-42110	SUPPLIES	155.10	42
0401-4-23-735-00-42230	CLEANING SUPPLIES	40,211.46	42
0401-4-23-735-00-42270	CLOTHING	3,815.28	42
0401-4-23-735-00-42290	OTHER DEPARTMENTAL	3,003.72	42
		47,185.56	42 Total
0401-4-23-735-00-43150	MEDICAL & DENTAL CO	313.98	43
0401-4-23-735-00-43730	EQUIPMENT REPAIRS &	-	43
0401-4-23-735-00-43960	LAUNDRY & SANITATIO	-	43
		313.98	43 Total
0401-4-23-745-00-43610	GAS & HEATING OIL	216,318.93	53
0401-4-23-745-00-43620	ELECTRICITY	176,464.13	53
0401-4-23-745-00-43630	WATER	23,707.24	53
		416,490.30	53 Total
0401-4-23-745-00-41110	REGULAR SALARIES	243,582.62	61
0401-4-23-745-00-41130	OVERTIME	7,974.16	61
		251,556.78	61 Total
0401-4-23-745-00-42110	SUPPLIES	-	62
0401-4-23-745-00-42230	CLEANING SUPPLIES	10,165.50	62
0401-4-23-745-00-42270	CLOTHING	27,900.00	62
0401-4-23-745-00-42284	TURF SUPPLIES	-	62
0401-4-23-745-00-42290	OTHER DEPARTMENTAL	9,886.68	62
		47,952.18	62 Total
0401-4-23-745-00-42220	MICROFILM & PHOTOGR	-	63
0401-4-23-745-00-42240	GASOLINE & OIL	1,738.70	63
0401-4-23-745-00-42310	BUILDING MAINTENANC	60,337.96	63
0401-4-23-745-00-42320	EQUIPMENT REPAIR PA	1,020.18	63
0401-4-23-745-00-42330	VECHICLE REPAIR PAR	137.82	63
0401-4-23-745-00-42390	OTHER REPAIR & MAIN	9,336.08	63
0401-4-23-745-00-43130	ENGINEERING & ARCHI	10,387.42	63
0401-4-23-745-00-43150	MEDICAL & DENTAL CO	50.00	63
0401-4-23-745-00-43210	TELEPHONE	-	63
0401-4-23-745-00-43310	TRAVEL	-	63
0401-4-23-745-00-43410	PRINTING & BINDING	-	63
0401-4-23-745-00-43420	ADVERTISING	-	63
0401-4-23-745-00-43430	DOCUMENT REPRODUCTI	-	63
0401-4-23-745-00-43640	WASTE REMOVAL SERVI	43,529.97	63
0401-4-23-745-00-43710	BUILDING REPAIRS &	51,972.45	63
0401-4-23-745-00-43730	EQUIPMENT REPAIRS &	12,890.43	63
0401-4-23-745-00-43731	AUTOMOBILE REPAIR &	1,431.12	63
0401-4-23-745-00-43820	MACHINERY RENTAL	65.23	63
0401-4-23-745-00-43942	INSTRUCTION & SCHOO	-	63
0401-4-23-745-00-43990	OTHER UNCLASSIFIED	-	63
		192,877.36	63 Total
0401-4-23-725-39-43120	CONSULTING	16,200.00	91
		16,200.00	91 Total
0401-4-23-725-00-41110	REGULAR SALARIES	3,191,313.45	101
0401-4-23-725-00-41120	TEMPORARY SALARIES	137,597.08	101
0401-4-23-725-00-41130	OVERTIME	898,736.74	101
0401-4-23-725-30-41110	REGULAR SALARIES	196,587.16	101
0401-4-23-725-30-41120	TEMPORARY SALARIES	-	101
0401-4-23-725-30-41130	OVERTIME	16,995.55	101
0401-4-23-725-31-41110	REGULAR SALARIES	4,995.14	101
0401-4-23-725-31-41130	OVERTIME	1,103.33	101
0401-4-23-725-32-41110	REGULAR SALARIES	86,599.05	101
0401-4-23-725-32-41130	OVERTIME	2,544.17	101
0401-4-23-740-00-41110	REGULAR SALARIES	542,500.86	101
0401-4-23-740-00-41130	OVERTIME	58,941.41	101
		5,137,913.94	101 Total
0401-4-23-725-00-42110	SUPPLIES	8,656.78	102
0401-4-23-725-00-42260	MEDICAL & DENTAL SU	268,613.48	102
0401-4-23-725-00-42270	CLOTHING	19,400.00	102
0401-4-23-725-00-42290	OTHER DEPARTMENTAL	57,910.33	102
0401-4-23-725-30-42270	CLOTHING	3,200.00	102
0401-4-23-725-31-42270	CLOTHING	400.00	102
0401-4-23-725-32-42270	CLOTHING	1,000.00	102
0401-4-23-740-00-42110	SUPPLIES	-	102
		359,180.59	102 Total
0401-4-23-725-00-42115	OFFICE FURN & EQUIP	440.28	103
0401-4-23-725-00-42120	BOOKS,PERIODICALS &	676.14	103
0401-4-23-725-00-42210	DATA PROCESSING SUP	1,380.02	103
0401-4-23-725-00-42220	MICROFILM & PHOTOGR	-	103
0401-4-23-725-00-42230	CLEANING SUPPLIES	-	103
0401-4-23-725-00-43120	CONSULTING	371.00	103
0401-4-23-725-00-43150	MEDICAL & DENTAL CO	13,808.49	103
0401-4-23-725-00-43160	DATA PROCESSING CON	-	103
0401-4-23-725-00-43190	OTHER PROFESSIONAL	88,215.13	103
0401-4-23-725-00-43310	TRAVEL	77.80	103
0401-4-23-725-00-43410	PRINTING & BINDING	31.25	103
0401-4-23-725-00-43420	ADVERTISING	305.00	103
0401-4-23-725-00-43710	BUILDING REPAIRS &	-	103
0401-4-23-725-00-43730	EQUIPMENT REPAIRS &	-	103
0401-4-23-725-00-43732	OFFICE EQUIPMENT RE	-	103
0401-4-23-725-00-43820	MACHINERY RENTAL	-	103
0401-4-23-725-00-43830	OFFICE EQUIPMENT RE	1,880.57	103
0401-4-23-725-00-43890	OTHER RENTAL	42,528.00	103
0401-4-23-725-00-43942	INSTRUCTION & SCHOO	313.00	103
0401-4-23-725-00-43990	OTHER UNCLASSIFIED	4,100.00	103
0401-4-23-725-33-43120	CONSULTING	103,195.62	103
0401-4-23-725-34-43120	CONSULTING	30,749.00	103
0401-4-23-725-35-43120	CONSULTING	3,644.11	103
0401-4-23-725-36-42260	MEDICAL & DENTAL SU	1,596.00	103
0401-4-23-725-37-42260	MEDICAL & DENTAL SU	69,507.14	103
0401-4-23-725-40-43120	CONSULTING	1,425.60	103
0401-4-23-725-43-43150	MEDICAL & DENTAL CO	782.30	103
0401-4-23-740-00-42120	BOOKS,PERIODICALS &	1,134.32	103
0401-4-23-740-00-42210	DATA PROCESSING SUP	-	103
0401-4-23-740-00-42290	OTHER DEPARTMENTAL	39.43	103
0401-4-23-740-00-43220	POSTAGE	-	103
0401-4-23-740-00-43310	TRAVEL	235.86	103
0401-4-23-740-00-43942	INSTRUCTION & SCHOO	812.14	103
		367,248.20	103 Total
0401-4-23-710-00-41110	REGULAR SALARIES	156,877.07	111
0401-4-23-710-00-41120	TEMPORARY SALARIES	-	111
0401-4-23-710-00-41130	OVERTIME	3,327.82	111
		160,204.89	111 Total
0401-4-23-710-00-42110	SUPPLIES	182.57	112
0401-4-23-710-00-42230	CLEANING SUPPLIES	-	112
0401-4-23-710-00-42270	CLOTHING	3,200.00	112
		3,382.57	112 Total
0401-4-23-710-00-42120	BOOKS,PERIODICALS &	365.88	113
0401-4-23-710-00-42220	MICROFILM & PHOTOGR	17.18	113
0401-4-23-710-00-42250	FOOD & BEVERAGE	514.25	113
0401-4-23-710-00-42290	OTHER DEPARTMENTAL	830.58	113
0401-4-23-710-00-43120	CONSULTING	1,650.00	113
0401-4-23-710-00-43150	MEDICAL & DENTAL CO	-	113
0401-4-23-710-00-43190	OTHER PROFESSIONAL	710.00	113
0401-4-23-710-00-43310	TRAVEL	-	113
0401-4-23-710-00-43710	BUILDING REPAIRS &	2,013.41	113
0401-4-23-710-00-43830	OFFICE EQUIPMENT RE	138.79	113
0401-4-23-710-00-43932	OTHER PROGRAMS	-	113
0401-4-23-710-00-43941	DUES & MEMBERSHIPS	-	113
0401-4-23-710-00-43942	INSTRUCTION & SCHOO	38.99	113
		6,279.08	113 Total
0401-4-23-715-00-41110	REGULAR SALARIES	119,791.81	121
0401-4-23-715-00-41130	OVERTIME	4,620.63	121
		124,412.44	121 Total
0401-4-23-715-00-42270	CLOTHING	1,400.00	122
		1,400.00	122 Total
0401-4-23-715-00-42110	SUPPLIES	380.21	123
0401-4-23-715-00-42120	BOOKS,PERIODICALS &	25.00	123
0401-4-23-715-00-42210	DATA PROCESSING SUP	-	123
0401-4-23-715-00-42220	MICROFILM & PHOTOGR	136.72	123
0401-4-23-715-00-42290	OTHER DEPARTMENTAL	357.32	123
0401-4-23-715-00-43120	CONSULTING	1,338.50	123
0401-4-23-715-00-43150	MEDICAL & DENTAL CO	-	123
0401-4-23-715-00-43410	PRINTING & BINDING	-	123
0401-4-23-715-00-43942	INSTRUCTION & SCHOO	282.99	123
		2,520.74	123 Total
0401-4-23-725-00-43945	CNA TRAINING EXPENS	1,095.00	133
		1,095.00	132 Total
0401-4-23-705-00-41110	REGULAR SALARIES	274,184.68	171
0401-4-23-705-00-41120	TEMPORARY SALARIES	23,575.62	171
0401-4-23-705-00-41130	OVERTIME	9,717.27	171
		307,477.57	171 Total
0401-4-23-705-00-42110	SUPPLIES	16,562.98	172
0401-4-23-705-00-42210	DATA PROCESSING SUP	865.08	172
0401-4-23-705-00-42270	CLOTHING	2,000.00	172
		19,428.06	172 Total
0401-4-23-705-00-42115	OFFICE FURN & EQUIP	89.70	173
0401-4-23-705-00-42120	BOOKS,PERIODICALS &	316.81	173
0401-4-23-705-00-42220	MICROFILM & PHOTOGR	401.25	173
0401-4-23-705-00-42250	FOOD & BEVERAGE	2,647.61	173
0401-4-23-705-00-42290	OTHER DEPARTMENTAL	7,811.70	173
0401-4-23-705-00-43110	ACCOUNTING & AUDITI	2,120.00	173
0401-4-23-705-00-43120	CONSULTING	3,116.11	173
0401-4-23-705-00-43150	MEDICAL & DENTAL CO	562.27	173
0401-4-23-705-00-43160	DATA PROCESSING CON	4,938.05	173
0401-4-23-705-00-43180	LAW ENFORCEMENT	3,850.50	173
0401-4-23-705-00-43190	OTHER PROFESSIONAL	5,328.00	173
0401-4-23-705-00-43210	TELEPHONE	19,324.73	173
0401-4-23-705-00-43220	POSTAGE	6,319.45	173
0401-4-23-705-00-43230	INTERNET SERVICE	1,561.99	173
0401-4-23-705-00-43310	TRAVEL	455.79	173
0401-4-23-705-00-43340	EMPLOYEE PARKING	2.00	173
0401-4-23-705-00-43410	PRINTING & BINDING	1,943.21	173
0401-4-23-705-00-43420	ADVERTISING	4,353.90	173
0401-4-23-705-00-43430	DOCUMENT REPRODUCTI	-	173
0401-4-23-705-00-43640	WASTE REMOVAL SERVI	-	173
0401-4-23-705-00-43730	EQUIPMENT REPAIRS &	161.50	173
0401-4-23-705-00-43732	OFFICE EQUIPMENT RE	498.44	173
0401-4-23-705-00-43830	OFFICE EQUIPMENT RE	9,498.50	173
0401-4-23-705-00-43942	INSTRUCTION & SCHOO	2,749.55	173
0401-4-23-705-00-43950	TAX & LICENSE FEES	9,030.00	173
0401-4-23-705-00-43990	OTHER UNCLASSIFIED	1,352.46	173
0401-4-23-705-00-44150	CAR POOL EXPENSE	-	173
0401-4-23-705-00-44210	DATA PROCESSING	1,850.74	173
0401-4-23-705-00-44235	ADMINISTRATIVE & SU	275,352.00	173
0401-4-23-705-10-42250	FOOD & BEVERAGE	205.43	173
0401-4-23-705-10-42290	OTHER DEPARTMENTAL	9.96	173
0401-4-23-705-10-43990	OTHER UNCLASSIFIED	2,488.09	173
		368,339.74	173 Total
0401-4-23-715-00-43941	DUES & MEMBERSHIPS	59.00	203
0401-4-23-705-00-43941	DUES & MEMBERSHIPS	2,790.00	203
0401-4-23-725-00-43941	DUES & MEMBERSHIPS	-	203
		2,849.00	203 Total
0401-4-23-705-00-41211	HEALTH INSURANCE-EM	46,704.00	223
0401-4-23-705-00-41221	LIFE INSURANCE	285.60	223
0401-4-23-710-00-41211	HEALTH INSURANCE-EM	42,704.00	223
0401-4-23-710-00-41221	LIFE INSURANCE-EMPL	291.20	223
0401-4-23-715-00-41211	HEALTH INSURANCE-EM	27,596.00	223
0401-4-23-715-00-41221	LIFE INSURANCE-EMPL	201.60	223
0401-4-23-720-00-41211	HEALTH INSURANCE-EM	-	223
0401-4-23-720-00-41221	LIFE INSURANCE-EMPL	-	223
0401-4-23-720-20-41211	HEALTH INSURANCE-EM	22,584.00	223
0401-4-23-720-20-41221	LIFE INSURANCE-EMPL	148.40	223
0401-4-23-720-21-41211	HEALTH INSURANCE-EM	26,300.00	223
0401-4-23-720-21-41221	LIFE INSURANCE-EMPL	201.60	223
0401-4-23-720-23-41211	HEALTH INSURANCE-EM	93,694.00	223
0401-4-23-720-23-41221	LIFE INSURANCE-EMPL	462.00	223
0401-4-23-725-00-41211	HEALTH INSURANCE-EM	789,268.00	223
0401-4-23-725-00-41221	LIFE INSURANCE-EMPL	3,780.00	223
0401-4-23-725-30-41211	HEALTH INSURANCE-EM	58,410.00	223
0401-4-23-725-30-41221	LIFE INSURANCE-EMPL	420.00	223
0401-4-23-725-31-41211	HEALTH INSURANCE-EM	2,188.00	223
0401-4-23-725-31-41221	LIFE INSURANCE-EMPL	-	223
0401-4-23-725-32-41211	HEALTH INSURANCE-EM	32,252.00	223
0401-4-23-725-32-41221	LIFE INSURANCE-EMPL	142.80	223
0401-4-23-730-00-41211	HEALTH INSURANCE-EM	63,142.00	223
0401-4-23-730-00-41221	LIFE INSURANCE-EMPL	350.00	223
0401-4-23-735-00-41211	HEALTH INSURANCE-EM	47,806.00	223
0401-4-23-735-00-41221	LIFE INSURANCE-EMPL	333.00	223
0401-4-23-740-00-41211	HEALTH INSURANCE-EM	99,290.00	223
0401-4-23-740-00-41221	LIFE INSURANCE-EMPL	364.00	223
0401-4-23-745-00-41211	HEALTH INSURANCE-EM	71,418.00	223
0401-4-23-745-00-41221	LIFE INSURANCE-EMPL	299.60	223
		1,430,635.80	223 Total
0401-4-23-705-00-48201	DEPRECIATION	325,789.34	p2
		325,789.34	p2 Total
		11,519,278.24	Grand Total
		Health Insurance	1,423,356
		Life Insurance	7,280

1	2	3	4	5	6	7	8	9
	COUNTY AUDITOR	OPERATING EXPENSE	91,137,172		421,125	408,287	10,961,173	50,649
	COUNTY BOARD	OPERATING EXPENSE	91,137,172		485,227	466,920	10,961,173	58,359
	COUNTY TREASURER	OPERATING EXPENSE	91,137,172		472,537	368,188	10,961,173	56,833
	HUMAN RESOURCES	OPERATING EXPENSE	91,137,172		159,690	142,603	10,961,173	19,206
	PURCHASING	OPERATING EXPENSE	91,137,172		130,708	122,508	10,961,173	15,720
	STATES ATTORNEY CIVIL	OPERATING EXPENSE	91,137,172		479415	479,415	10,961,173	57,660
	STATES ATTORNEY LOGLI	OPERATING EXPENSE	91,137,172		157700	157,700	10,961,173	18,967
					2,306,402	2,145,621		277,394

River Bluff Nursing Home

Salary Reclass

Facility Name & ID Number **River Bluff Nursing Home**

V. COST CENTER EXPENSES

	Operating Expenses			
	A. General Services	**Salary/Wage per TB**	**Per payroll sch**	**Reclass Made**
1	Dietary	**677,625**	652,522	(25,103)
2	Food Purchase			0
3	Housekeeping	**227,554**	241,376	13,822
4	Laundry	**252,647**	255,100	2,453
5	Heat and Other Utilities			0
6	Maintenance	**251,557**	271,369	19,812
7	Other (specify):*			0
8	**TOTAL General Services**	**1,409,383**		
	B. Health Care and Programs			0
9	Medical Director			0
10	Nursing and Medical Records	**5,137,914**	5,034,672	(103,242)
10a	Therapy			0
11	Activities	**160,205**	165,072	4,867
12	Social Services	**124,412**	130,347	5,935
13	Nurse Aide Training			0
14	Program Transportation			0
15	Other (specify):*			0
16	**TOTAL Health Care and Programs**	**5,422,531**		0
	C. General Administration			0
17	Administrative	**127,883**	127,883	0
18	Directors Fees			0
19	Professional Services			0
20	Dues, Fees, Subscriptions & Promotions			0
21	Clerical & General Office Expenses	**179,595**	261,051	81,456
22	Employee Benefits & Payroll Taxes			0
23	Inservice Training & Education			0
24	Travel and Seminar			0
25	Other Admin. Staff Transportation			0
26	Insurance-Prop.Liab.Malpractice			0
27	Other (specify):*			0
28	**TOTAL General Administration**	**307,478**		
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	**7,139,392**	7,139,392	0